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ABSTRACT

This essay explores problems and burdens of adolescents in modern society and probes strategies and actions that offer reasonable chances of diminishing developmental casualties during the adolescent period. Discussion first focuses on several historically recent changes that have affected adolescents, including the lengthening period of adolescence; the disjunction between biological and social development; youths' confusion about adult roles and the years ahead; the erosion of family and social support networks; and the easy access by adolescents to potentially life-threatening substances and activities. The discussion particularizes the nature of the problems and burdens of adolescence with statistics on school dropouts; pregnancy; smoking; drug and alcohol abuse; suicide; and death and disability from illnesses and injuries. Some approaches to intervention are then discussed. These include peer-mediated approaches, and preparation to resist social influences through life-skills training. Some general observations follow; these focus on long-term outcomes of early experience, and adolescents' need for accurate information, especially about the life sciences and health. Concluding remarks describe objectives of the Carnegie Corporation's Council on Adolescent Development. (RH)

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PREPARING FOR LIFE: THE CRITICAL TRANSITION OF ADOLESCENCE

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PREPARING FOR LIFE: THE CRITICAL TRANSITION OF ADOLESCENCE

My essays of the past two years, Prejudice, Ethnocentrism, and Violence in an Age of High Technology *and* Reducing the Casualties of Early Life: A Preventive Orientation, *included exploration of some facets of adolescent development and its problems in different contexts. Among other topics, the first essay presented a historical perspective on the development of self-esteem in young males through war-like activities and the emergence of some more constructive alternatives. The second essay focused on major problems of health and education in childhood and early adolescence from a developmental and preventive orientation. This essay explores more deeply the adolescent period and probes some strategies and actions that offer reasonable promise of diminishing the casualties of young people during a time of drastic physical, psychological, and social transition.*

From time to time, we read about the suicide or other self-destructive act of a young person at the very peak of success, recognition, and capability. How is it that such a person on the verge of great fulfillment can essentially snuff out his own life?

It may be useful to see this paradox in a historical and even an evolutionary perspective.

Adolescence in humans — and nonhuman primates — is a time when extensive changes occur in physiological and biochemical systems and behavior. The basic machinery of these neuroendocrine coordinations of puberty is of ancient origin and is essentially common to mammalian species. Its operation can be modified, however, by environmental influence and social context. Indeed, in humans, historically recent events have drastically changed the experience of adolescence, in some ways making it more difficult than ever before. Among these changes are:

- *The lengthening period of adolescence.* Biological changes in humans of the past two centuries induced by the control of infection and better nutrition, particu-

Note: The president's annual essay is a personal statement representing his own views. It does not necessarily reflect the foundation's policies.

larly in Western cultures, have lowered the average age of menarche. In the United States 150 years ago, the average age of menarche was 16 years; today it is 12½. The trend for boys is similar but harder to document. At the same time, the social changes occurring during those centuries have postponed the end of adolescence — and of dependence — until much later. This phenomenon is a distinctly human evolutionary novelty. For a great many people the protracted period of adolescence introduces a high degree of uncertainty in their lives.

- *The disjunction between biological and social development.* While the human organism is reproductively mature in early adolescence, the brain does not reach a fully adult state of development until the end of the teenage years, and social maturity lags well behind. Young adolescents, age 10 to 15, are able to, and do, make many fateful decisions that affect the entire life course, even though they are immature in cognitive development, knowledge, and social experience.

- *Confusion in young minds about adult roles, and difficulty in foreseeing the years ahead.* In premodern times, preparation for adulthood typically extended over much of childhood. Children had abundant opportunity for directly observing their parents and other adults performing the adult roles that they would eventually adopt when the changes of puberty endowed them with an adult body and capabilities. The skills necessary for adult life were gradually acquired and fully available, or nearly so, by the end of puberty. In early adolescence now, there is probably more ambiguity and complexity about what constitutes preparation for effective adulthood than was ever the case before. A great many young people are not even clear about what their parents do for a living. Moreover, the version of adult life that they see on television and to a lesser extent in other media creates only a shadow image of adult experience, a mix of reality and fantasy.

- *The erosion of family and social support networks.* Throughout most of human history, small societies provided durable networks, familiar human relationships, and cultural guidance for young people, offering support in time of stress and skills necessary for coping and adaptation. In contemporary societies, many trends reflect the erosion of such social support networks: extensive geographic mobility and migrations; the scattering of the extended family; and the rise of single-parent families, especially those involving very young, very poor, socially isolated mothers.

- *The easy access by adolescents to potentially life-threatening mechanisms, substances, and activities.* Adolescents are heavily exposed not only to sexuality but to alcohol and drugs, smoking (cigarettes and marijuana), vehicles, weapons, and a variety of other temptations to engage in health-damaging behaviors. While their use may appear to young people to be casual, recreational, and tension-relieving, their effects endanger themselves and others.

Despite the drastic biological, social, and technological changes surrounding adolescence that have taken place since the Industrial Revolution — and especially in this century — there appear to be fundamental human needs that are enduring and crucial to survival and healthy development, including most particularly —

- The need to find a place in a valued group that provides a sense of belonging;
- the need to identify tasks that are generally recognized in the group as having adaptive value and that thereby earn respect when skill is acquired for coping with the tasks;
- the need to feel a sense of worth as a person;
- the need for reliable and predictable relationships with other people, especially a few relatively close relationships — or at least one.

When these needs are met, the individual can say to himself something like, "I am a worthwhile human being. I have some useful skills. I can relate to other people. I have hope for the future." The longer and more complex the transition from childhood to adulthood, however, the more the adolescent experiences uncertainty and ambiguity in making such assertions. That is a basic dilemma of modern times.

There are a variety of major indicators showing that, in many contemporary societies, we are failing to provide avenues for the affirmation of fundamental needs to large numbers of adolescents. The historical recency of drastic social and cultural changes has outrun our understanding and institutional capacity to adapt. There is an urgent need to improve our capabilities for dealing with adolescent problems.

It may be necessary to think about creating a sea change in the preparation of young people for adult life, taking into account the drastic world transformation that has occurred and is still rapidly under way. In such a sea change, the crucial period of early adolescence must have an important role in our thinking. Is it possible to provide teenagers with the basis for making wise decisions about the use of their own bodies, about how to plan a constructive future? It is worth trying to think of ways of building capacity — social support networks — in every community for stimulating interest, hope, and skills among people in pursuing education and protecting their health.

The burden of illness, ignorance, and wasted potentiality

Early adolescence is a time of particular vulnerability even for those whose childhoods were not deprived. The combined physical, social, and emotional changes of that period intersect with the new intellectual tasks imposed upon youngsters in junior high school. A student's nascent sense of the future may be bleak, especially in areas of high joblessness and poverty. The pressures to experiment with sex, drugs — indeed many risk-taking behaviors — tend to be hard to withstand for some. Of course, most children weather the transition to adult life healthy and with opportunities for a fulfilling life. But a significant number of adolescents from many social groups drop out of school, commit violent or otherwise criminal acts, become pregnant, take up smoking, abuse drugs or alcohol, succumb to mental disorders, attempt suicide, or die or become disabled from injuries.

Nationally, one in four students does not graduate from high school. Dropouts limit their chances for success in the labor market and are more likely to require

public assistance and engage in crime. For all social groups, the most frequent reason given for not completing high school is boredom!

One in ten girls becomes pregnant during adolescence. Although pregnancies among older teenagers have declined, pregnancies among those under age 15 have risen. In 1984, in the United States, girls 14 years old and under had 9,965 babies. The pregnancy rate for white American adolescents is more than twice that for teenagers in any other industrialized country. The rate for black girls is almost twice that for white girls. The Center for Population Options estimates that, in addition to the human toll, adolescent childbearing cost the nation $16.6 billion in 1985.

Similarly, illicit drug use in the United States is greater than that in any other nation in the developed world. In 1985, about 54 percent of high school seniors used marijuana at some time in their lives, and approximately 40 percent used some illicit drugs other than marijuana. The decline in marijuana use from 1979 to 1984 was reversed in 1985, which is disturbing enough, but the best single predictor of cocaine use is frequent use of marijuana during adolescence. Cocaine today poses a significant threat to public health. In addition, more than 20 percent of American teenagers smoke cigarettes, and almost 6 percent are daily users of alcohol.

Alcohol use is an important contributor to motor vehicle accidents and assaultive behavior and the leading cause of death and injury among young people. Drinking patterns have changed remarkably among the young. Over the past two decades, alcohol use has become a more serious problem among 10-to-15-year-olds. A greater proportion of young adolescents drink alcoholic beverages than ever before. Teenagers have their first drinking experience earlier, drink larger quantities, and report more frequent intoxications. Although girls drink less than boys, the proportion of girls who drink and who report intoxication has risen more rapidly than that of boys.

Similar patterns have been observed among girls regarding cigarette smoking and probably the use of illegal drugs as well. A number of studies on smoking prevention have been carried out in the United States and Canada in junior-high school settings, focusing mainly on 12- and 13-year-olds. These studies show that the junior-high period is a critical time for the onset of smoking behavior. Very few students entering seventh grade smoke on a regular basis, but within a few years their smoking rate often more than triples. By the last year of high school, 30 percent of young people smoke to some extent, and 12½ percent smoke half a pack or more per day. In this group, girls now outnumber boys.

Suicides, although small in number, are increasing among teenagers and have recently drawn national attention through the media.

Add all these developmental casualties together, and we see that a substantial fraction of the age cohort is visibly damaged. Adolescent boys are at particular risk, having twice the death rate of adolescent girls. Indeed, until recently, teenagers were the only age group in the society for whom death rates were increasing.

Adolescence is characterized by exploratory behavior. Such experimentation is developmentally appropriate and socially adaptive for most people. But some of these behaviors carry high risks: the adverse effects may be near term and vivid; or they may be long term—a time bomb set in youth. Near-term damage includes

sexually transmitted diseases or accidents related to alcohol use. Delayed consequences include cancer and cardiovascular disease in adult life, made more likely by high-calorie, high-fat dietary patterns, inadequate exercise, heavy smoking, or alcohol abuse. Long-term effects also entail a constriction of life options — for example, the school-age mother who drops out of high school, diminishing her lifetime employment prospects.

Although there have been recent encouraging declines or a levelling-off of some of these negative indicators and outcomes, the personal and social costs are still appalling. In financial terms alone, the costs reach into the billions of dollars per year.

Much more could be said, but this may be enough to convey the nature of the problems and the burdens.

Intervention: Is there anything useful to be done?

When we face up to the serious problems and casualties of adolescence, it is easy to be overwhelmed and conclude that nothing can be done about them. Nonetheless, human ingenuity has been applied to the design of several innovations aimed at the prevention of developmental casualties, even in circumstances where other resources are sadly lacking. Lessons can be learned from such innovations and from concomitant research and experimentation in various parts of the world. If we care enough to make an intensive effort, we can devise ways to move forward through public and private policy to evaluate and replicate those interventions whose successes, though modest, are encouraging. Some approaches that have been relatively well researched in a field that has suffered from neglect in many ways are described below. There is no attempt here to provide a complete review of the field.

One component of an adolescent's desire to smoke or drink or engage in other potentially harmful practices is to acquire credentials for entry into adulthood. Needless to say, these practices are not badges of authentic adult status; there are better standards of maturity and adulthood. To convey positive concepts to young people, a variety of techniques have been used, including videotapes, group discussion, posters, and repeated role-playing with feedback from peer leaders.

One particularly promising intervention centers on peer-mediated approaches. For example, peer counseling can help in coping with the major transition from elementary to secondary school. Small groups of adolescents can come to understand essential features of human biology and behavior, how to communicate on vital but touchy subjects, and how to understand crucial evidence of the relationship between high-risk behavior and disease and disability. After modest but specific training, and with continuing supervision, adolescents may counsel other adolescents (usually slightly younger) who are in need of health and/or educational access. Such counseling tends to be helpful both to those who give it and to those who receive it.

There is abundant evidence that peer leaders who are highly respected and display valued characteristics tend to be influential in persuading young observers to adopt new patterns of behavior or modify old ones. High school peer leaders

have proved to be capable of conducting prevention activities with junior-high school students, providing positive paradigms of mature adulthood. The peer leaders are trained by experienced personnel to guide junior-high school students in working out strategies for resisting destructive social pressure. The peer leaders chosen are individuals known to be liked and respected, able to communicate effectively, and committed to healthy life styles. Moreover, as demonstrably useful members of the community, they themselves enjoy opportunities for growth and often acquire a commitment to the concept of service. The long-term effects of peer counseling may be more important for the peer leaders than for the youngsters counseled. By being useful to others, adolescents can build a more durable basis for self-esteem than, say, by becoming experts on street pharmacology.

Though rigorous evaluation of peer programs is thus far limited, the outcome measures are sufficiently encouraging to justify an intensification of research to sort out the conditions under which peer programs are most effective and to understand better how these approaches work and for whom they work the most efficaciously. There is some evidence that a key element is the quality of supervision provided to the peer leaders.

Successes in changing unhealthy behavior have been reported by several different peer-based smoking prevention programs for adolescents. In addition to providing information about the near-term and long-term effects of smoking, such programs all employ peer-modeling and peer-counseling techniques to teach adolescents how to handle pressures that push them toward health-damaging behavior. The evidence from these programs is encouraging. Because the studies have not followed students long enough, we do not yet know whether the decision by a young person not to take up smoking is permanent or is simply delayed by two or three years. If the latter, even a delay in the adoption of any health-compromising behavior is significant because an older adolescent may then be intellectually and socially mature enough to make a more considered judgment. While most of these programs have been tried on white, middle-class populations, two large demonstrations in California are beginning to provide data on the effectiveness of these approaches with low-income, black, and Hispanic populations.

Experimental research at Stanford University is comparing a peer-group smoking program for seventh graders in a junior-high school with a comparison group in another, similar, school. The training sessions with a peer leader use a 45-minute classroom period roughly once a month over a nine-month interval. The sessions involve modeling, group discussion, skits, slogans, prizes — all oriented toward the understanding of peer influences and toward the acquisition and practice of ways to resist pressures to smoke. The findings indicate that such a curriculum of teaching resistance to social pressures may have a lasting effect. Follow-up after 33 months reveals the smoking rate for the control group to be about three times that of the experimental group.

Learning resistance to smoking inducement can be considered a kind of coping skill that may have wider utility. How to say no gracefully, how to resist pressures from valued persons, how to maintain grace and self-respect in adversity are involved in many life situations. More attention should be paid to the development of decision-making skills, of social skills, and of a realistic basis for self-esteem.

Research at Cornell University explicitly puts this line of inquiry into a broader context involving training for life skills. In this program, the preparation to resist social influences is treated as an important part of a variety of skills necessary for general competence. Because a sense of emerging competence in adolescence is so important for self-esteem, this view seems entirely appropriate. In practice, the program involves not only resistance training but also instruction on decision-making, assertiveness, ways of handling anxiety, and fundamental social skills. Moreover, the life-skills training is presented through various modes of leadership: 1) regular classroom teachers; 2) older peer leaders; and 3) outside helping professionals.

A research program at the University of Waterloo provides additional evidence of the effectiveness of smoking prevention by techniques of this sort. In this research, 22 matched schools were randomly assigned to an experimental group receiving intervention involving life-skills training and to a comparison group receiving no intervention. The intervention was begun in the sixth grade when the age of the students was typically 11 years, and booster sessions were given in the seventh and eighth grades — the junior-high school years. The groups included students who had begun smoking but were not yet addicted. The findings showed that the rate of smoking in the intervention group was less than half that of the comparison group. Longitudinal analysis was undertaken to find out what effect the intervention had on students at highest risk of adopting a regular smoking pattern. The result shows a typically strong impact on those who were at high risk because they were current, although not regular, weekly smokers when the intervention began. In other words, those who were actively experimenting with the behavior but who had not yet become addicted to it were effectively reached by this intervention.

Is alcohol consumption, where the situation is somewhat different, susceptible to the same intervention as is smoking, or does it require a different approach? What about cocaine, heroin, and other illicit drugs? Is it better to design programs that deal with a range of adolescent risk-taking behaviors and with underlying self-esteem and generalized coping skills? Are programs targeted narrowly to a specific problem such as pregnancy or drugs more effective? What interventions might be effective with populations at greatest risk in low-income, inner-city neighborhoods? The answers are not available now. Motivations other than those at work in middle-class populations might have to be tapped. Programs might have to start with younger children and deal with a wide range of problems in recognition of the earlier onset of serious difficulties. Community institutions including churches might be more effective bases than are schools, because of the low attachment to school and high dropout rates of the inner-city population. In any event, these questions deserve a high priority for inquiry and innovation.

Some general observations

Research shows that problem behaviors manifested early tend to persist into later life. Exploration with alcohol and even problem drinking does not necessarily commit the young adolescent to a life course of this behavior, but it does alter the

probabilities. Conversely, longitudinal studies have shown that early abstinence is a strong predictor of later healthful behavior. It makes sense, therefore, to orient the interventions toward early adolescence at a time when behavior patterns are not yet cast in concrete. Altogether, interventions focusing on the prevention of any form of substance abuse at an early stage of adolescent development are most desirable. An important recurrent observation in the research on early interventions against smoking is that alcohol and other drug use tends to decrease along with decrease in smoking. This is an encouraging tendency that cries out for intensive follow-up.

With respect to health-sustaining behaviors, the evidence indicates that people with a strong sense of efficacy are more likely than others to adhere to preventive health practices. In seeking to build self-esteem, the adolescent must in effect ask himself, "What kind of a person do I wish to become? What capacities do I require to become that kind of person?" Much of adolescent behavior probably revolves around efforts to enhance a sense of efficacy with respect to valued dimensions of behavior and experience, and a good deal of adolescent behavior probably reflects an attempt to project that sense of efficacy when there is a deep underlying concern about it.

Young adolescents tend to believe that most of their peers engage in a particular kind of behavior, like smoking, whether or not this is the actual case. Indeed, there is a tendency across populations of adolescents to overestimate such behaviors by a factor of about six or eight. In one study, school children estimated that about two-thirds of their peers were smoking when the real figure was about one-tenth. Such erroneous appraisals are conducive to a kind of thinking that says, in effect, "Everybody does it, so I should, too."

Adolescents, moreover, tend to have a weak orientation to the future, especially in regard to the consequences of risk-taking behavior. College-bound adolescents tend to have a longer view of the future than those who do not pursue higher education, but in general, adolescents think, "It can't happen to me," or, "It's so far off that I can't think about it." They are focused on the here and now. Many youngsters, to the extent they think about it at all, have a dismal view of the future. They are doubtful about their own ability to influence events in ways that build toward a rewarding life. There is a crucial need to help adolescents acquire durable self-esteem, reliable and relatively close human relationships, a sense of belonging in a valued group, and a sense of usefulness in some way beyond the self. To shape these fundamental attributes in growth-promoting directions requires constructive models, mentors, and mediators. The challenge for preventive intervention is thus to help provide the building blocks of adolescent development and preparation for adult life.

One crucial task is to help adolescents learn about themselves. It may well be that a broader, more integrated, scientifically stronger approach would be intrinsically useful in education and applicable to a variety of adolescent problems. The life sciences offer a distinctive opportunity to stimulate early interest in science and to help youngsters learn how to deal more effectively with matters of deep human concern. Knowledge of human biology could be a particularly important factor in making decisions that relate to health — about the use of alcohol, cigarettes, or

drugs; about diet and exercise; about sexuality; and about when and how to seek health care. Improvement of science education in human biology in junior-high school might further: 1) attract more young adolescents to the study of science and help continue that interest in high school and beyond, and 2) promote healthy behaviors among teenagers through the knowledge they gain about themselves and about what they can do to their own bodies and their own lives, both for better and worse. In the future, there may be considerable value in linking the science curriculum, preventive health care in the schools, and service by young people in the community.

A Council on Adolescent Development

Given the tragic burden of failure, illness, suffering, and cost to the nation embedded in the problems of adolescents, it is surprising that these issues are not higher on the national agenda. When there is a perceived crisis in certain problems, a significant amount of public effort can be directed toward eradication, as in the recent outcry over the illicit drug problem. However, such efforts on behalf of adolescents have rarely been equal in scale, quality, or approach to the magnitude of the challenge.They have mainly focused on the dramatic situation of the adolescent already in crisis rather than on early prevention and on the promotion of healthy adolescent development.

Moreover, ameliorative efforts have been plagued by professional divisions among health, education, and social service systems and by the lack of communication among people engaged in each of the individual problem domains. For example, although some promising changes are on the horizon, those conducting research on, or responsible for policies towards, delinquency do not commonly interact with those concerned with adolescent pregnancy. The latter in turn are isolated from those concerned with school dropout, drug abuse, or youth unemployment—even though in many cases they are dealing with the same young people. There is a similar gap between scholars and those who run programs for young people, with the result that scholars are deprived of the direct experience of practitioners, and innovative approaches go unevaluated, with their potential utility for other settings unknown. Meanwhile, many local organizations continue to pursue approaches that are plausible but lack evidence of effectiveness. Finally, there is a gap between all of these people and the general public, especially parents, who lack the kind of guidance in dealing with their adolescent offspring that is widely available to them concerning younger children. Although useful work is being done, there is no bright spotlight on adolescent development in the policy arena, no broadly integrative center for taking stock of existing approaches and stimulating new ones, no one institution where the different sectors of American society come together to pool their efforts in this field.

Carnegie Corporation, therefore, has launched a new venture, the "Council on Adolescent Development." The Council is composed of national leaders from diverse sectors. Its goal is to help young people make a more successful transition to adulthood, by encouraging sustained and informed attention toward both reducing the number of serious casualties in adolescence and promoting healthier adolescent

development. It will try to mobilize different sectors of the society to act on this agenda.

The Council will attempt to pull together existing reliable information and make it widely available in intelligible form; extend this information beyond its present limits by stimulating crucial lines of research and innovation; and use reliable information more effectively than has been possible in the past by connecting the research arena with practitioners, policymakers, and the public. Many thoughtful people in relevant fields recognize the need to devise more integrated approaches that build on and go beyond the existing work on individual problems. Given the constraints on government research and service agencies, it may well be that a private initiative can be particularly helpful in this regard and in fostering public-private sector cooperation.

Fundamentally, the Council will try to interest our society in adolescents and stimulate more concern, caring, and knowledge about this age group. Council members by virtue of their ability, stature, and diversity can contribute to the substance, dissemination, and impact of the work. The Council will stimulate many activities including studies, task forces, publications, meetings, working models, and cooperative efforts among granting agencies.

The problems deal with deep and moving human experiences. They center on a fateful time in the life course when poorly informed decisions have lifelong consequences. The tortuous passage from childhood to adulthood requires our attention, our understanding, and a new level of thoughtful commitment. There are just too many casualties now, too many missed opportunities, too little knowledge, and too much prejudice. I hope the Carnegie Council on Adolescent Development can make a difference.

The human way of preparing for life

The processes of learning have made human evolution possible. The long period of immaturity — longer in humans than in any other species — makes us vulnerable in the early years of our lives. And yet these years offer unparalleled opportunities for learning whatever is essential for survival and reproduction — provided that adequate protection and guidance are available during the years of growth and development. Human beings can learn to adapt and even thrive in the widest range of circumstances — hot or cold, high or low, crowded or sparsely populated, wet or dry. No other species has ever flourished so remarkably over such a wide range of habitats and gained so much control over its own destiny. Yet all this hinges on adequate preparation for life — utilizing the protected years to learn how to live, how to thrive, and how to adapt constructively in highly interdependent human societies.

This is not to say that the time of growing up exists *only* for the purpose of preparing for adult life. The experiences of childhood and adolescence are in many ways felt by young people to be intensely enjoyable. Indeed, research on the evolution of human behavior shows clearly that our ancestors learned much of what they needed for effective adaptation in play. Today, too, the basic underpinnings of cognitive, social, and action skills are strengthened in the varied experi-

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ences of play. In the origins of human behavior, enjoyment and learning have long been connected. But some essentials of adaptation are tedious, and some are frightening. The vital knowledge and skills are built slowly over the years of growth and development, in many circumstances, in a variety of learning modes, in all sizes and shapes of experience.

The problem is a hard one. In the rapid world transformation of this century, preparation increasingly involves readiness to cope with change itself. It is very difficult — not only for children but for parents as well — to anticipate the future circumstances of adulthood. We have come to a time when the basic processes of human learning have been used to develop science and technology far beyond the dreams of our ancestors. This has made possible the emergence of modern societies very different from the societies of our past. As a byproduct of these developments — an authentic paradox of success — we have inadvertently made the process of growing up in some ways more complicated than ever before — there are now so many changes within a lifetime, so many requirements for learning and relearning, so many moving targets to hit, so many disruptions of fundamental social support systems. Furthermore, preparation for life, which is inherently perplexing and difficult, has become all the more stressful for those who cannot foresee a future at all, at least not a decent one. For those who lack any worthwhile perception of opportunity and hope, the task of preparing for adult life can be burdensome and disaster prone. Thus, adolescence, as the critical passage from childhood to adulthood, more than ever deserves careful, patient attention and responsible innovation.

There is not the slightest reason to believe that today's young people are less talented or resourceful than were their predecessors; but if they are to learn to survive, flourish, and create, we have to understand the circumstances, tasks, and obstacles they face better than we now do. Such understanding can help us to help young people formulate useful strategies for coping with the world transformed — and in so doing can perhaps assist us in shaping a more humane and compassionate society.*

David A. Hamburg

President

Each year in preparing these essays, I have the invaluable help of my colleagues, warmly and generously given. This year, as in each year, Avery Russell's editing has greatly sharpened and clarified the outcome. Much substantive help has come from Elena Nightingale, Vivien Stewart, and Ruby Takanishi. My interest in this subject was stimulated long ago and guided for many years by my wife, Betty Hamburg. For the errors and excesses, I am alone responsible.